SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
ANNUAL RPT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, ANNUAL REPORT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:07

DOCUMENT # **J91832** **(2)**

1. Corporation Name

AMERICAN NURSING HOMES, INC.

Principal Place of Business	Mailing Address
% ROBERT W. BELL P.O. BOX 3318 TAMPA FL 33601-3318	% ROBERT W. BELL P.O. BOX 3318 TAMPA FL 33601-3318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/11/1987**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **65-0004506** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BELL, ROBERT W. **3600 OAKMANOR LN.** **LARGO FL 34644**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PDC**	11 TITLE	☐ Change ☐ Addition
NAME	**BELL, ROBERT W.**	12 NAME	
STREET ADDRESS	**5146 SAN JOSE STREET**	13 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	14 CITY-ST-ZIP	
TITLE	**D**	21 TITLE	☐ Change ☐ Addition
NAME	**WOOTEN, JAMES W.**	22 NAME	
STREET ADDRESS	**214 KENSINGTON**	23 STREET ADDRESS	
CITY-ST-ZIP	**BILOXI MS**	24 CITY-ST-ZIP	
TITLE	**D**	31 TITLE	☐ Change ☐ Addition
NAME	**DALAL, ASHOK**	32 NAME	
STREET ADDRESS	**633 NE 167TH ST, #607**	33 STREET ADDRESS	
CITY-ST-ZIP	**N. MIAMI FL**	34 CITY-ST-ZIP	
TITLE	**S**	41 TITLE	☐ Change ☐ Addition
NAME	**BELL, ROBERT W., JR.**	42 NAME	
STREET ADDRESS	**5705 S. COOLIDGE AVENUE**	43 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	44 CITY-ST-ZIP	
TITLE	**VD**	51 TITLE	☐ Change ☐ Addition
NAME	**WALKER, TYRONE A.**	52 NAME	
STREET ADDRESS	**308 BLANCA AVENUE**	53 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Bell 6/28/95 (813) 586-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP